STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FACILITY LICENSING AND INVESTIGATIONS SECTION

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LICENSING INSPECTION REPORT

DAM	Name and Address of Entity NUM HOSPITAL ACT 06810 PAIN CT 06810
Licensure Category:	
_A	ute (Eve Hospital Bassinet Capacity: 430 Census: 297
Date(s	s) of onsite inspection: $\frac{5}{20}18$, $\frac{5}{22}18$
Date(s) additional information obtained:	
Personnel contacted: Georgia Con Son - Quality Manager	
REVIEW/FINDINGS/PROCESS (Complete all applicable categories)	
[]	Licensing Inspection [] Initial [] Renewal [] Other (e.g. strikes):
)]	Visit OR Revisit for the purpose of
[4]	See Complaint Investigation # 23086, 23161
[]	Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated
[]	Desk Audit [] Amended Letter:Original Ltr
[]	Citation # was issued to this facility as a result of this inspection.
X	Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies were not identified at the time of this inspection.
[]	Citation #was/was not verified as corrected. See attached narrative report.
[]	Narrative report/additional information attached.
[]	See Certification File.
[]	Referral(s) to
REPORT SUBMITTED BY: MILLIANDE DATE OF REPORT:	
)]	Approval for issuance of license granted by: Supervisor/Title DATE: